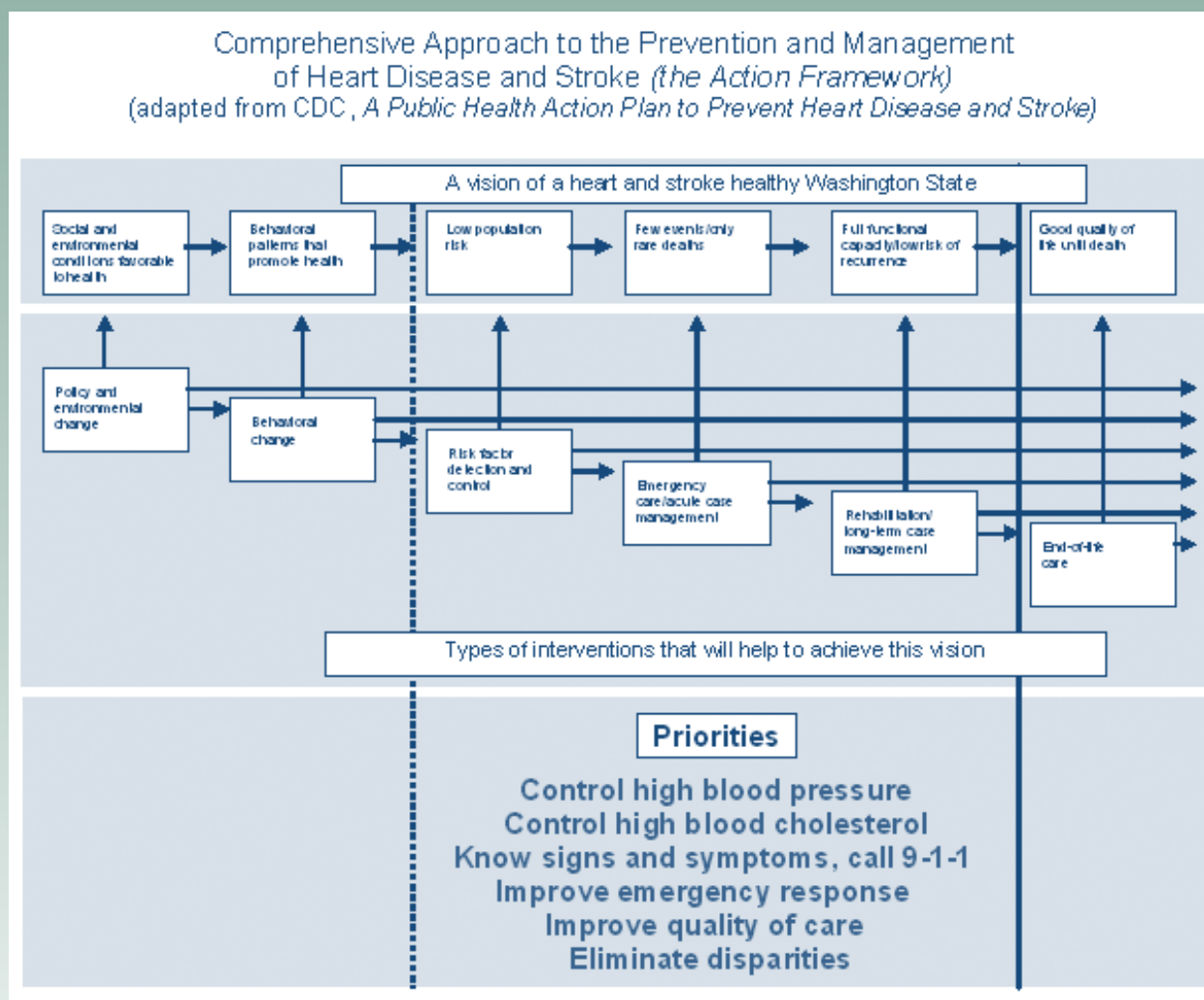## Developing the State Public Health Action Plan

The Washington State Heart Disease and Stroke Prevention Program has adopted a framework from the U.S. Centers for Disease Control and Prevention (CDC) to engage all interested partners in achieving national goals for the prevention and management of heart disease, stroke, and their associated risk factors. In *A Public Health Action Plan to Prevent Heart Disease and Stroke* (PHAP) (http://www.cdc.gov/cvh)[6], released in 2003, the CDC outlined an Action Framework that identifies the major factors that contribute to the progression of cardiovascular disease, as well as possible strategies to reduce risk and manage the disease more effectively. This approach, shown below, addresses needed upstream interventions that focus on policy and environmental change to improve conditions that are favorable to health, as well as those interventions that are targeted to the population living with long-term effects from heart disease or stroke.

Comprehensive Approach to the Prevention and Management of Heart Disease and Stroke *(the Action Framework)* (adapted from CDC , *A Public Health Action Plan to Prevent Heart Disease and Stroke*)

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The Washington State Heart Disease and Stroke Prevention program has adopted and built on this framework by integrating CDC priorities for state programs. These are to:

- Control high blood pressure.
- Control high blood cholesterol.
- Recognize signs and symptoms and call 9-1-1.
- Improve emergency response.
- Improve quality of care.
- Eliminate disparities in health care access and health outcomes.

By placing these priorities within the Action Framework, we can see clearly the critical areas our state Action Plan should address: risk factor detection and control, emergency care and acute case management, and rehabilitation and long-term case management. With this approach, we do not emphasize end-of-life care in this scope of work, so the Action Framework places a solid line before this type of intervention. The framework places a dotted line to denote the benefit of upstream activities such as policy, environmental, and behavioral change interventions on detecting risk factors and improving emergency care, acute and long-term case management, and rehabilitation.

To create our state Action Plan, the Washington State Heart Disease and Stroke Prevention Advisory Council mobilized around this framework in a series of meetings during January-March 2005. The group developed goals and objectives to address each of the 10 Essential Services of Public Health (see box, on page 15). This ensured that the plan would be guided by sound public health principles and that it would address all priority areas of the Action Framework.

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10 Essential Services of Public Health
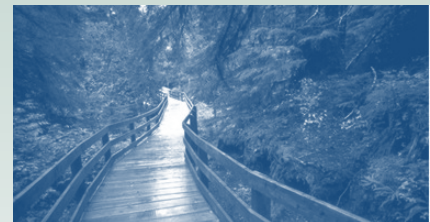
The Heart Disease and Stroke Prevention Advisory Council used an established context, the 10 Essential Services of Public Health, to frame the work to build capacity for heart disease and stroke prevention in Washington State. Together, the essential services represent the ways that public health agencies practice their mandate to keep our communities healthy and protect us from harm.

A committee of health policy makers convened by the CDC defined the essential services in 1994. The services are aligned with the three core public health functions of assessment, policy development, and assurance[7]. The CDC uses the 10 Essential Services to set measurable standards of performance for our public health system at the local, state, and federal level.

The essential services are:

Assessment

1.   Monitor health status to identify community health problems.
2.   Diagnose and investigate health problems and hazards.
3.   Inform, educate, and empower people about health issues.

Policy Development

4.   Mobilize partnerships to identify and solve health problems.
5.   Develop policies and plans that support health efforts.

Assurance

6.   Enforce laws and regulations that protect health and ensure safety.
7.   Link people to needed personal health services and assure the provision of health care.
8.   Assure a competent public and personal health care workforce.
9.   Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10.   Research for new insights and innovative solutions to health problems.

A comprehensive system that addresses heart disease and stroke prevention should include activities in each of these essential services.
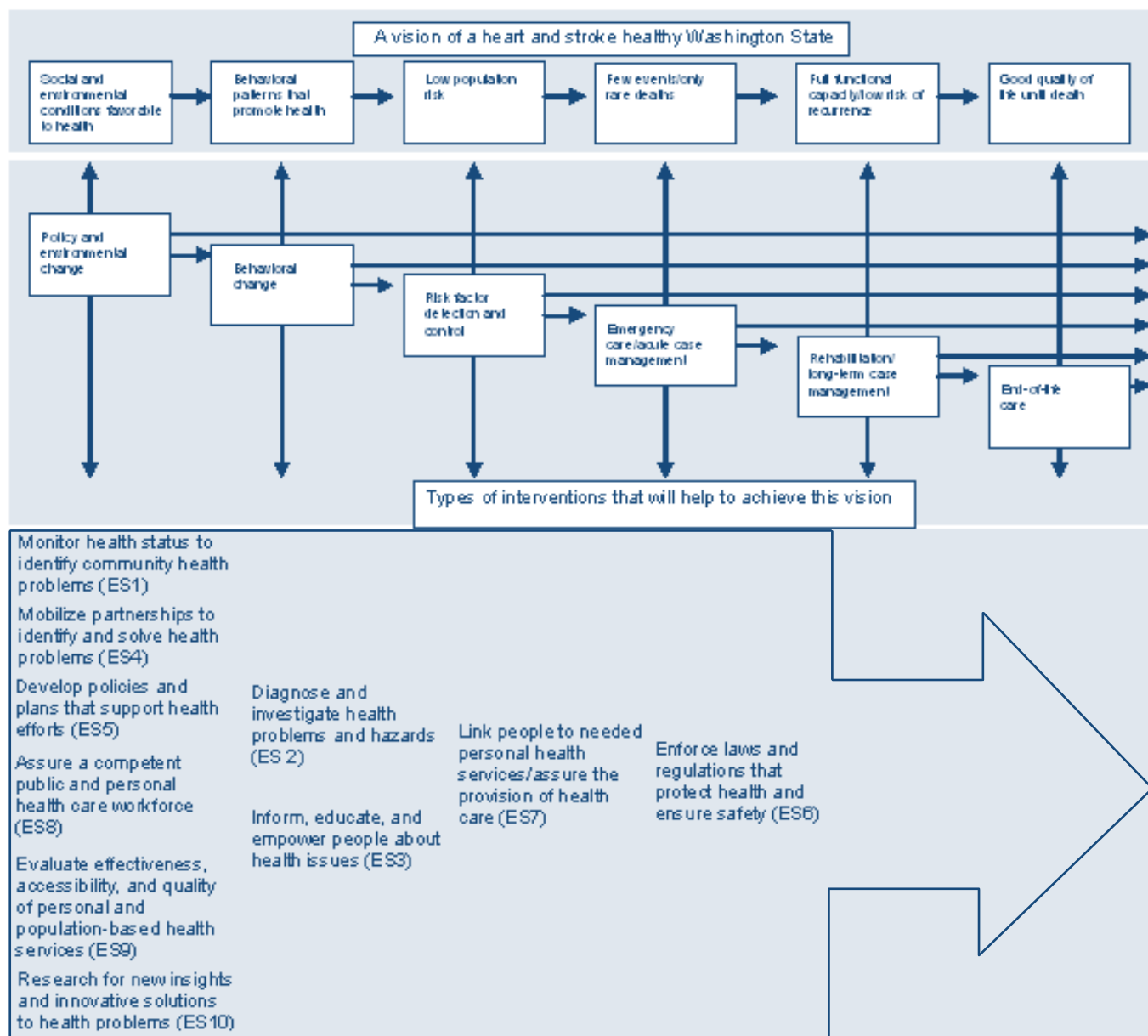
The state planning process intentionally drafted long-term goal statements around each of them. In this way, we can measure progress in all areas. Because the work of the Heart Disease and Stroke Prevention Program is also guided by the framework adapted from the PHAP, it is important to understand how the 10 Essential Services of Public Health align with that structure, as shown on the next page.

As would be expected, the essential services are broad enough to cut across multiple areas of the framework. Essential Service #1 (ES1), monitoring health status to identify community health problems, refers to monitoring the incidence and prevalence of first and recurrent events and factors related to CVD. ES1 is an important and necessary element to ensure that social and environmental conditions, health-promoting behaviors, emergency response, hospital care, and rehabilitation services are sufficient to maintain a good quality of life until death. The same logic applies for ES4, ES5, ES8, ES9, and ES10, in that they are all crosscutting through the entire framework. ES2 and ES3 become important as early as the development of adverse behavioral patterns. ES7, linking people to needed personal health services and assuring the provision of health care, becomes especially important in identifying populations at risk. Finally, the role of enforcing laws and regulations to protect health and ensure safety that are relevant to heart disease and stroke prevention (ES6) becomes more prominent in assuring appropriate and prompt emergency care. Because all 10 Essential Services of Public Health address the areas of risk factor detection and control, emergency care and acute case management, and rehabilitation/long-term case management, the Heart Disease and Stroke Prevention Advisory Council used them all to develop this action plan. (For more information on the 10 Essential Services, see http://www.phppo.cdc.gov/nphpsp/ 10EssentialPHServices.asp).

Alignment of the 10 Essential Services of Public Health with the Action Framework

A vision of a heart and stroke healthy Washington State

| Social and environmental conditions favorable to health | Behavioral patterns that promote health | Low population risk | Few events/only rare deaths | Full functional capacity/low risk of recurrence | Good quality of life until death |

Policy and environmental change

Behavioral change

Risk factor detection and control

Emergency care/acute case management

Rehabilitation/long-term case management

End-of-life care

Types of interventions that will help to achieve this vision

Monitor health status to identify community health problems (ES1)

Mobilize partnerships to identify and solve health problems (ES4)

Develop policies and plans that support health efforts (ES5)

Assure a competent public and personal health care workforce (ES8)

Evaluate effectiveness, accessibility, and quality of personal and population-based health services (ES9)

Research for new insights and innovative solutions to health problems (ES10)

Diagnose and investigate health problems and hazards (ES 2)

Inform, educate, and empower people about health issues (ES3)

Link people to needed personal health services/assure the provision of health care (ES7)

Enforce laws and regulations that protect health and ensure safety (ES6)

In developing our state action plan, the Heart Disease and Stroke Prevention Advisory Council used the 10 Essential Services of Public Health as the structure to define *goals* for our work over the next five years and specific *objectives* for the next one to two years. In the following section of this report, we show each essential service and its corresponding goal and objectives. We also show the measures by which each of the goals will be evaluated. Evaluation measures are modified from the CDC *State Public Health System Performance Standards*. We concluded this report with some suggested "next steps."

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